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PATENT & TRADEMARK OFFICE

BOSE McKINNEY & EVANS LLP

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204
(317) 684-5000

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: 8266-1089 }
Applicants: Risk }
Title: SIDERAIL PAD FOR A }
HOSPITAL BED }
Serial No.: 10/627,226 }
Filed: July 25, 2003 }
Examiner: Trettel, Michael }
Group: 3673 }

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.

on January 19, 2005

Brenda Vandever
Brenda Vandever

Dated: January 19, 2005

RESPONSE TO ADVISORY ACTION

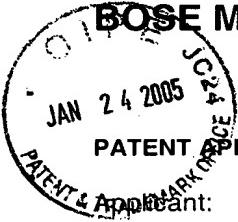
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

Dear Sir:

Responsive to the Advisory Action mailed November 24, 2004, Applicant submits the following amendments and remarks for the Examiner's consideration. A petition for a 2-month extension of time is filed herewith.

Claims begin on page 2.

Remarks begin on page 6.



BOSE MCKINNEY & EVANS LLP

CUSTOMER NUMBER 25267

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PATENT APPLICATION

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Serial No.: 10/627,226

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Title: SIDERAIL PAD FOR HOSPITAL BED

Group: 3673 Examiner: Trettel, M.

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Brenda Vandever
Brenda Vandever

Dated: January 19, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS (37 C.F.R. 1.16(c))	27	63	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	5	12	0	\$200	\$0
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" in this space is less than 25, write "25" in this space.
**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for 2 months is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:

Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT

\$430.00

A check in the amount of **\$430.00** to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record
Printed Name: Christine E.M. Orich
Registration No.: 44,987